

Whereas Stefanie gave the first Champion award to her beloved husband after Chris put his professional football career on hold to care for her when she was first treated; and

Whereas Stefanie was a loving mother to her 4 children: Now, therefore, be it

Resolved, That the Senate—

(1) acknowledges the outstanding achievements and profound impact of Stefanie Spielman in the fight against breast cancer;

(2) commends Stefanie for her commitment to caring for others suffering from breast cancer; and

(3) celebrates her life as a wife, mother, and advocate for breast cancer awareness, research, and treatment.

SENATE RESOLUTION 364—SUPPORTING THE OBSERVANCE OF NATIONAL DIABETES MONTH

Mrs. SHAHEEN (for herself and Mr. DURBIN) submitted the following resolution; which was considered and agreed to:

S. RES. 364

Whereas there are nearly 24,000,000 people in the United States with diabetes and 57,000,000 with pre-diabetes;

Whereas diabetes contributed to the deaths of over 300,000 people in the United States in 2007, making diabetes the seventh leading cause of death;

Whereas every minute, 3 people are diagnosed with diabetes;

Whereas each day approximately 4,384 people are diagnosed with diabetes and, in 2007, approximately 1,600,000 new cases of diabetes were diagnosed in people 20 years or older;

Whereas between 1990 and 2001, diabetes prevalence in the United States increased by more than 60 percent;

Whereas over 24 percent of diabetes is undiagnosed, down from 30 percent in 2005, and 50 percent 10 years ago;

Whereas over 10 percent of adults and nearly ¼ (23.1 percent) of people in the United States age 60 and older have diabetes;

Whereas diabetes is a serious chronic condition that affects people of every age, race, income level, and ethnicity;

Whereas Hispanic, African, Asian, and Native Americans are disproportionately affected by diabetes and suffer at rates much higher than the general population;

Whereas annually, 15,000 youth in the United States are diagnosed with type 1 diabetes and approximately 3,700 youth are diagnosed with type 2 diabetes;

Whereas 1 in 3 people in the United States born in the year 2000 will develop diabetes in their lifetime, and this statistic grows to nearly 1 in 2 for minority populations;

Whereas diabetes costs the United States an estimated \$174,000,000,000 in 2007, and \$1 in every \$10 spent on health care is attributed to diabetes and its complications;

Whereas approximately 1 out of every 4 Medicare dollars is spent on the care of people with diabetes;

Whereas every day 230 people with diabetes undergo an amputation, 120 people enter end-stage kidney disease programs, and 55 people go blind from diabetes;

Whereas there is not yet a cure for diabetes;

Whereas there are proven means to reduce the incidence of and delay the onset of type 2 diabetes;

Whereas people with diabetes live healthy, productive lives with the proper management and treatment; and

Whereas National Diabetes Month is celebrated in November: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Diabetes Month, including encour-

aging people in the United States to fight diabetes through raising public awareness about stopping diabetes and increasing education about the disease;

(2) recognizes the importance of early detection, awareness of the symptoms of diabetes, and the risk factors for diabetes, which include—

(A) being over the age of 45;

(B) coming from certain ethnic backgrounds;

(C) being overweight;

(D) having a low physical activity level;

(E) having high blood pressure; and

(F) a family history of diabetes or a history of diabetes during pregnancy; and

(3) supports decreasing the prevalence of diabetes, developing better treatments, and working toward an eventual cure in the United States through increased research, treatment, and prevention.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2790. Mr. CASEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table.

SA 2791. Ms. MIKULSKI (for herself, Mr. HARKIN, Mrs. BOXER, and Mr. FRANKEN) proposed an amendment to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, *supra*.

TEXT OF AMENDMENTS

SA 2790. Mr. CASEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 436, strike line 18 and all that follows through page 439, line 20, and insert the following:

SEC. 2101. PROTECTING LOW-INCOME CHILDREN FROM HARM AND ENSURING THAT THEY BENEFIT FROM HEALTH REFORM.

(a) INTEGRATING CHIP ELIGIBILITY WITH METHODOLOGIES USED FOR OTHER SUBSIDIES WHILE PRESERVING CHIP FOR CHILDREN WHO CURRENTLY QUALIFY AND ASSURING CHIP COVERAGE FOR LOW-INCOME CHILDREN.—

(1) DEFINITION OF TARGETED LOW-INCOME CHILD.—Effective January 1, 2014, section 2110(b)(1) of the Social Security Act (42 U.S.C. 1397jj(b)(1)) is amended by striking subparagraph (B) and inserting the following:

“(B) whose family’s modified gross income, as determined for purposes of allowing a premium credit assistance amount for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986, does not exceed 250 percent of the poverty line for a family of the size involved; and”.

(2) STATE PLAN ELIGIBILITY REQUIREMENT.—Section 2102(b)(1)(B) of such Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(A) in clause (iii), by striking “and” at the end;

(B) in clause (iv), by striking the period at the end and inserting “; and” and

(C) by adding at the end the following:

“(v) with respect to fiscal years beginning with fiscal year 2014, may not deny eligibility or enrollment, because of excess family income, to any child whose family income is at or below the percentage of poverty level specified in section 2110(b)(1)(B), determined using the methodology described in such section.”.

(b) MAINTENANCE OF EFFORT.—Section 2105(d) of the Social Security Act (42 U.S.C. 1397ee(d)) is amended by adding at the end the following:

“(3) CONTINUATION OF ELIGIBILITY STANDARDS FOR CHILDREN.—

“(A) FISCAL YEARS BEFORE FISCAL YEAR 2014.—During the period that begins on the date of enactment of the Patient Protection and Affordable Care Act and ends on September 30, 2013, a State shall not have in effect eligibility standards, methodologies, or procedures under its State child health plan (including any waiver under such plan) for children (including children provided medical assistance for which payment is made under section 2105(a)(1)(A)) that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under such plan (or waiver) as in effect on October 1, 2009.

“(B) FISCAL YEAR 2014 AND THEREAFTER.—

“(i) IN GENERAL.—Subject to clause (ii), with respect to fiscal years beginning with fiscal year 2014 a State shall not have in effect eligibility standards, methodologies, or procedures under its State child health plan (including any waiver under such plan) for children that are more restrictive than the eligibility methodologies or procedures, respectively, under such plan (or waiver) as in effect on October 1, 2009.

“(ii) EXCEPTION.—A State that, prior to fiscal year 2014, has an income eligibility standard, methodology, or procedure under its State child health plan (including any waiver under such plan) for children that results in children whose family’s modified gross income (as determined for purposes of allowing a premium credit assistance amount for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986) exceeds 250 percent of the poverty line may modify such standard, methodology, or procedure so that it will not result in eligibility for children under the State plan in whose family modified gross income exceeds that percentage of the poverty line.

“(C) RULE OF CONSTRUCTION.—Subparagraphs (A) and (B) shall not be construed as preventing a State from applying eligibility standards, methodologies, or procedures for children under the State child health plan or under any waiver of the plan that are less restrictive than the eligibility standards, methodologies, or procedures, respectively, for children under the plan or waiver that were in effect on October 1, 2009.”.

(c) PROTECTING CHIP CHILDREN AGAINST UNAFFORDABLE COSTS FOR ESSENTIAL HEALTH CARE.—

(1) CONTINUATION OF COST-SHARING PROTECTIONS FOR CHILDREN.—Section 2103(e) of such Act (42 U.S.C. 1397cc(e)) is amended by adding at the end the following:

“(5) CONTINUATION OF COST-SHARING PROTECTIONS FOR CHILDREN.—

“(A) IN GENERAL.—Except as described in subparagraph (B), during the period that begins on the date of enactment of the Patient Protection and Affordable Care Act, a State shall not have in effect cost-sharing policies under its State child health plan (including any waiver under such plan) that increase premiums or out-of-pocket costs above the amounts for children of the same income